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### HYPOSPADIAS

#### March 2015 Plastics Fellowship Training

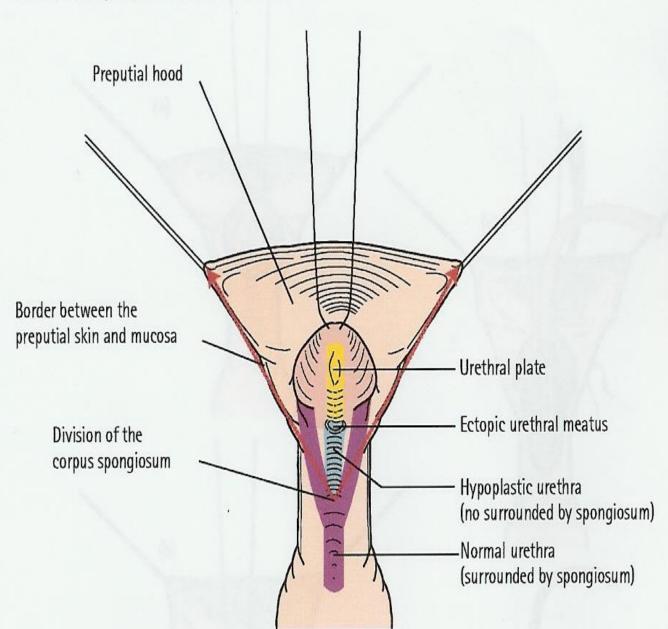
#### Naeem Samnakay Paediatric Urologist, Perth



## Definition

- <u>Hypoplasia</u> of tissues forming ventral radius of penis
  - Abnormal ventral position of urethral meatus
  - Ventral curvature penis or chordee
  - Deficient ventral prepuce with dorsal preputial hood





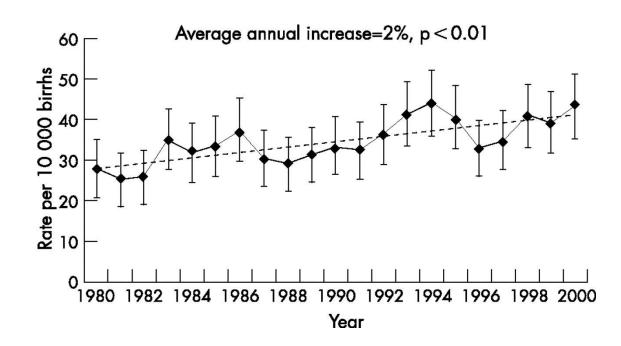






### **Prevalence WA**

- 1 in 231 births overall prevalence
- 1 in 118 male births
- 84% distal hypospadias

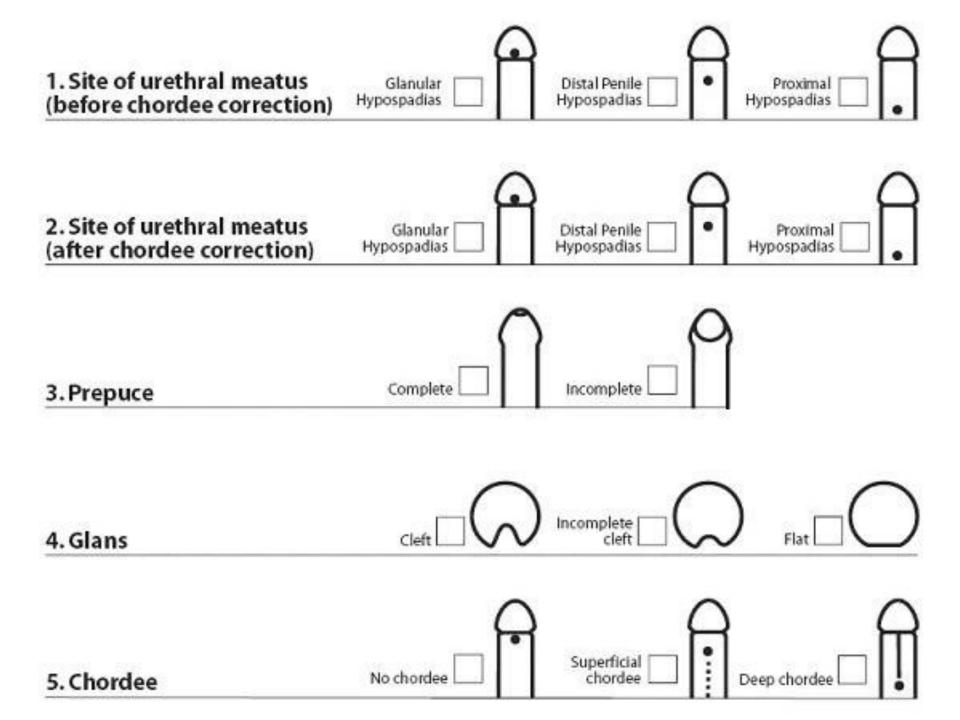


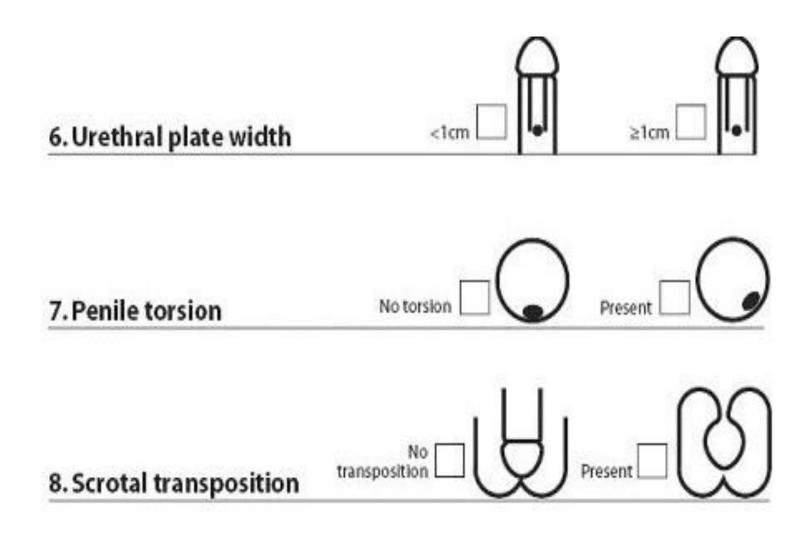
# Etiology

- Genetic
  - Family History
  - 7% with hypospadias will have child with hypospadias
  - 14% risk of hypospadias for sibling of index case
- Androgen deficiency
  - DHT
  - Androgen receptor anomalies
- Environmental polluters
- Endocrine disruptors
- 'Testicular dysgenesis syndrome'
  - Skakkaebeck et al

## Classification

Smith 1938	Schaefer 1950	Avellan 1975	 Browne 1938	Duckett 1996	Hadidi 2004
1st degree	Glanular	Glanular	Glanular	Glanular 🛶 🛶	Glanular
2nd degree	Penile	Penile	- Sub-coronal Mid shaft	Sub-coronal+ Anterior — Distal penile Mid shaft Middle	Distal
3rd degree	Perineal	<ul> <li>Penoperineal</li> <li>Perineal</li> <li>Perineal w/o Bulb</li> </ul>	- Penoscrotal Midscrotal Perineal	-Proximal penile Penoscrotal Scrotal Perineal	Proximal





### Glanular



## Coronal



## Midshaft



### Penoscrotal

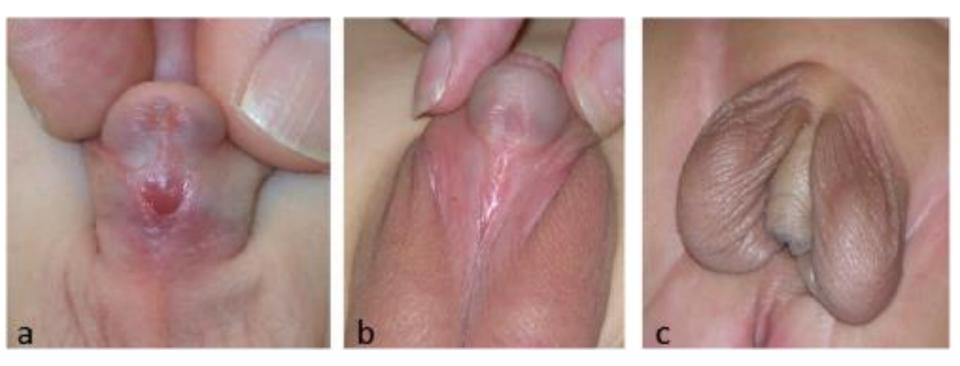


### Scrotal



## Perineal





### **Megameatus Intact Prepuce**



#### Beware hypospadias with impalpable testes: Disorder of Sex Development





## Management Principles - Address:

- Function
  - Micturition
    - Pee standing
    - Straight urinary stream
    - Adequate sized urethra
  - <u>Coital</u> Straight erection, no chordee
- Form
  - Cosmesis, aesthetics

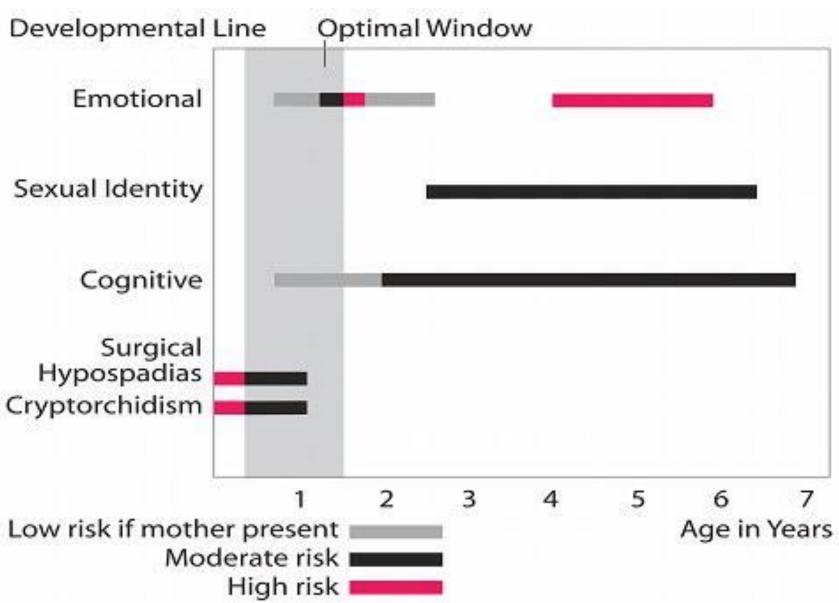
#### Psychosocial

• Self esteem, relationships





# Timing of repair



## Aims of surgery

- Honest, realistic expectations
- Correct chordee
- Adequate neo-urethra
- Glanular slit-like meatus
- Good cosmesis
- Minimal scarring and complications

- 3 Main Components:
  - Correct Chordee
  - Tubularise existing urethral plate or replace missing urethra to form <u>adequate</u> channel
  - Reconstruct ventral radius of penis

## Principles of surgery

- Tissue handling avoid crush injury
- Vascularity avoid ischaemia
- No tension at suture lines
- Good calibre urethra

• Haemostasis – avoid haematomas

## Principles of surgery

- Magnification
- Avoid overlying suture-lines
- Vascularised layer between urethroplasty and skin
- Avoid infection

• Fine suture material

## Principles of surgery

• With or without tourniquet

- Stent or no stent
- Suprapubic diversion (proximal hypospadias)

• Preputial reconstruction or not

• Hundreds of described procedures

 No two cases are alike; reconstruction should address the various components affecting each case of hypospadias

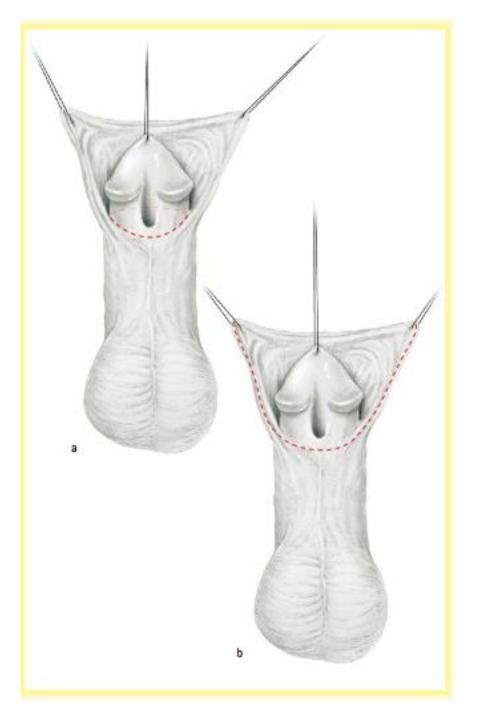
- Single staged repair
  - Most distal hypospadias
  - Wait 6 months if need re-do surgery
- Multi staged repair
  - Most proximal hypospadias
  - Wait 6 months between stages

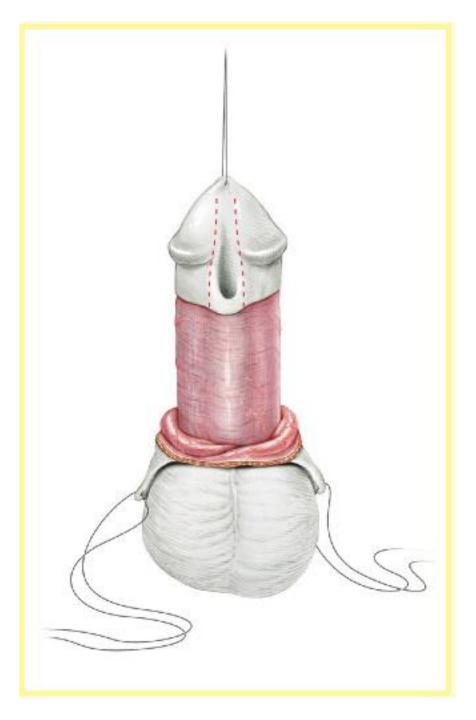
- Ideally, use native urethral plate – Thirsch-Duplay, Snodgrass
- Local proximal based flip-flap – Mathieu
- Preputial onlay island flap

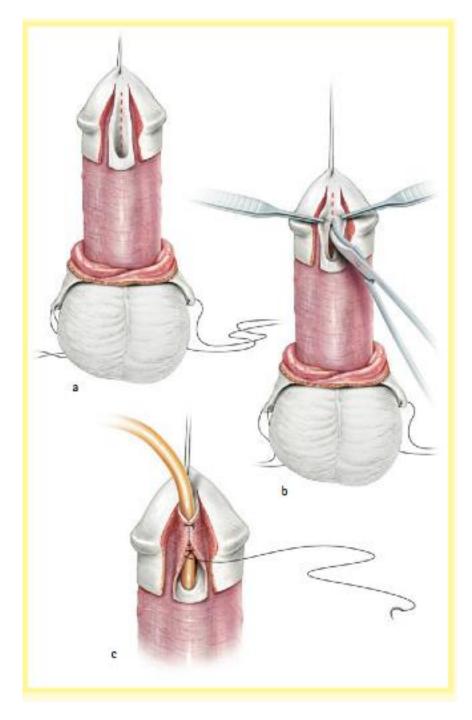
   Duckett

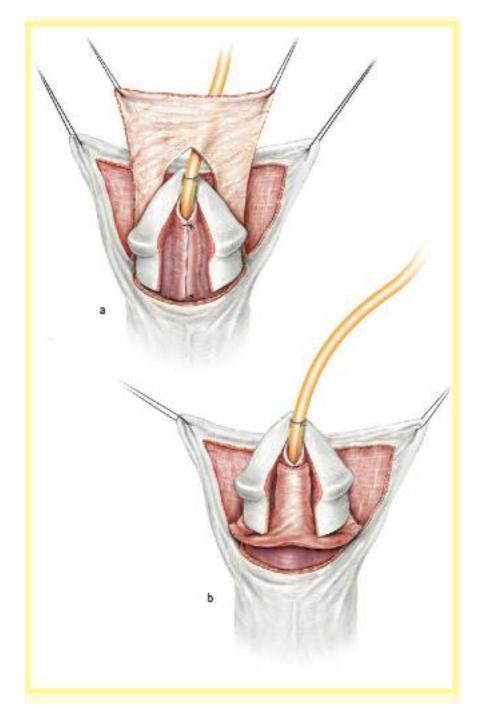
- Pedicled full tube urethroplasty – Asopa-Duckett
- Free mucosal or skin grafts
  - Bracka
  - (preputial, vesical, buccal, post-auricular)

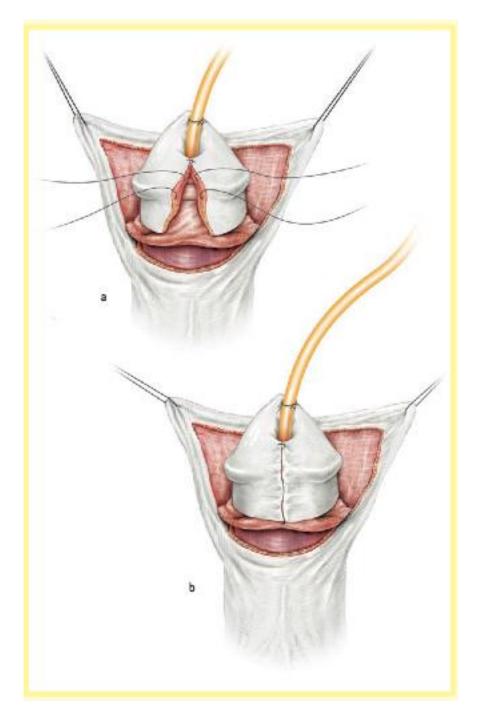


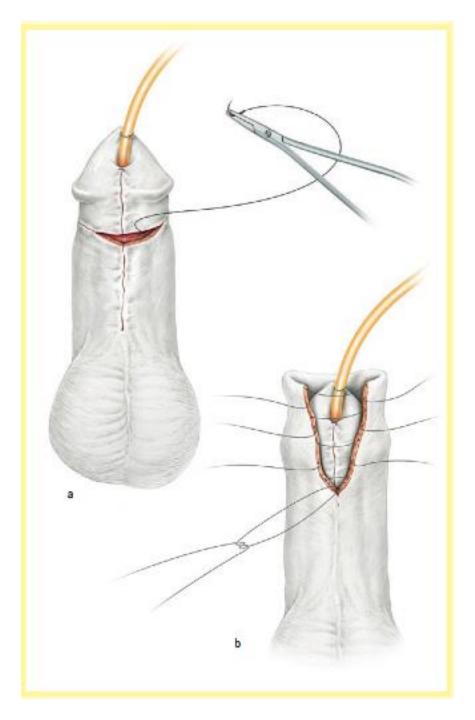




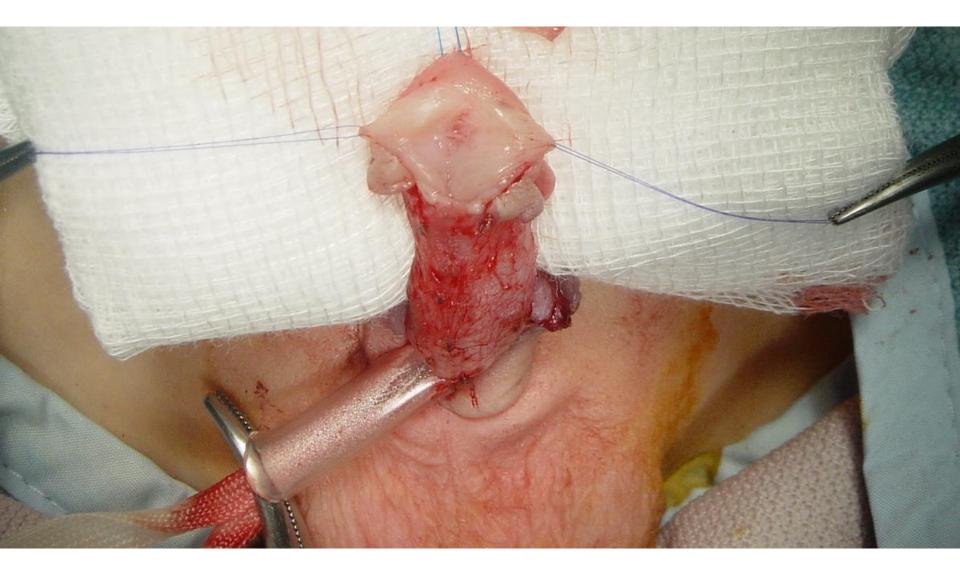


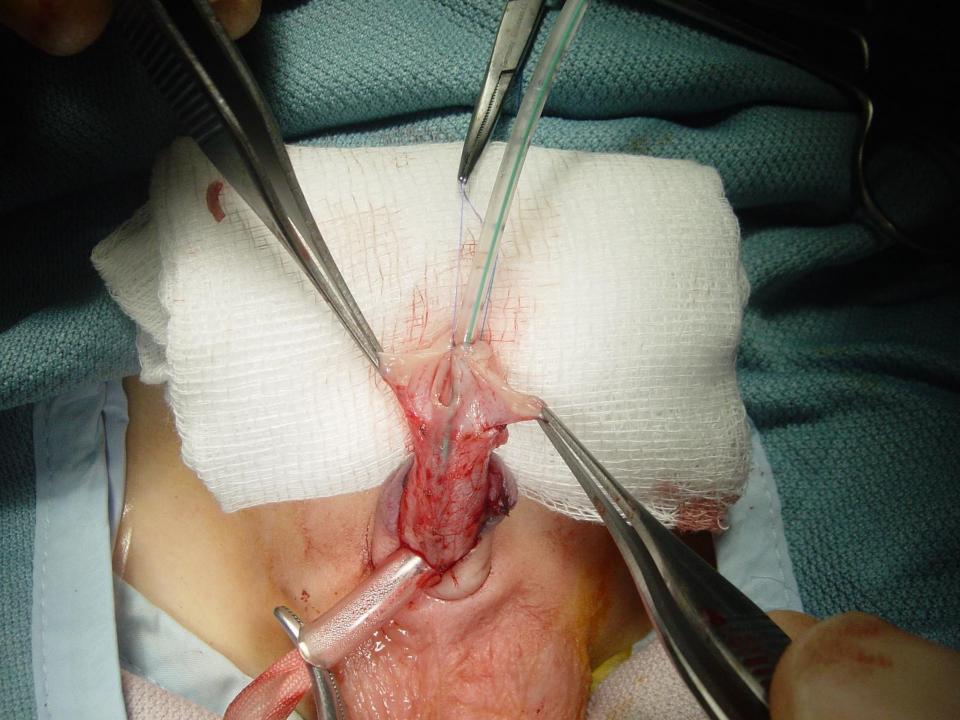


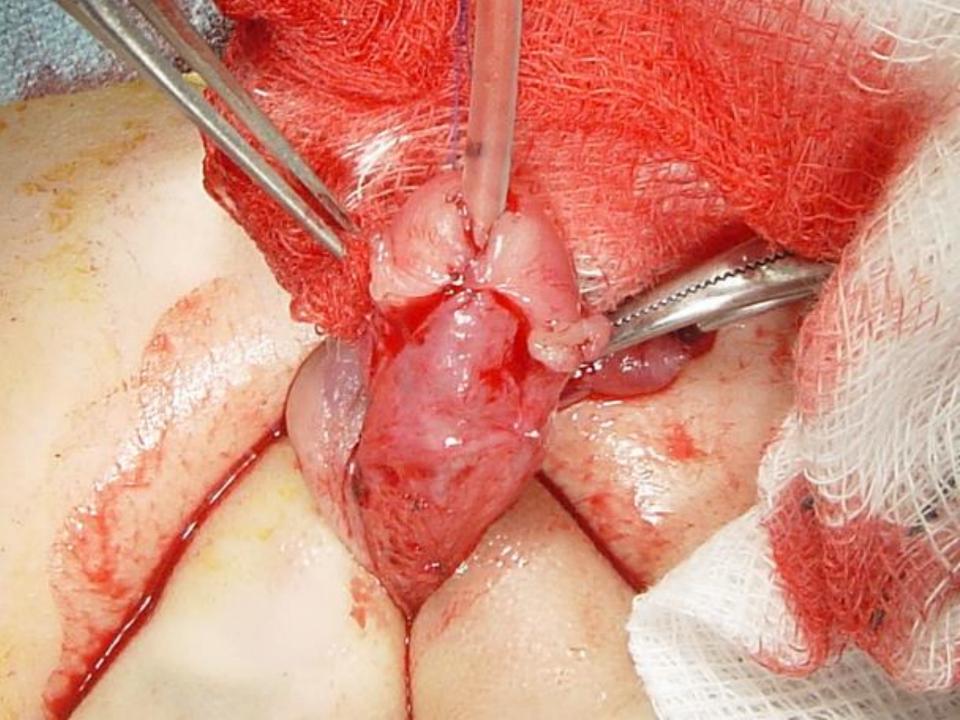






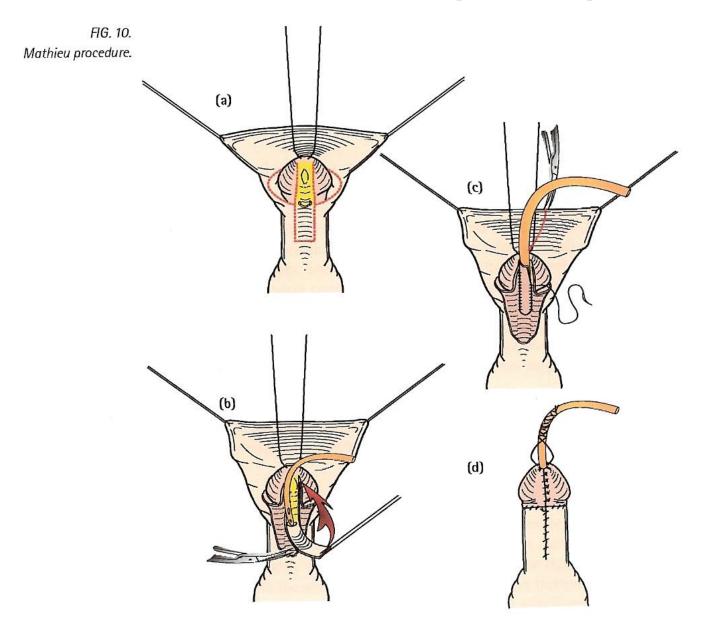




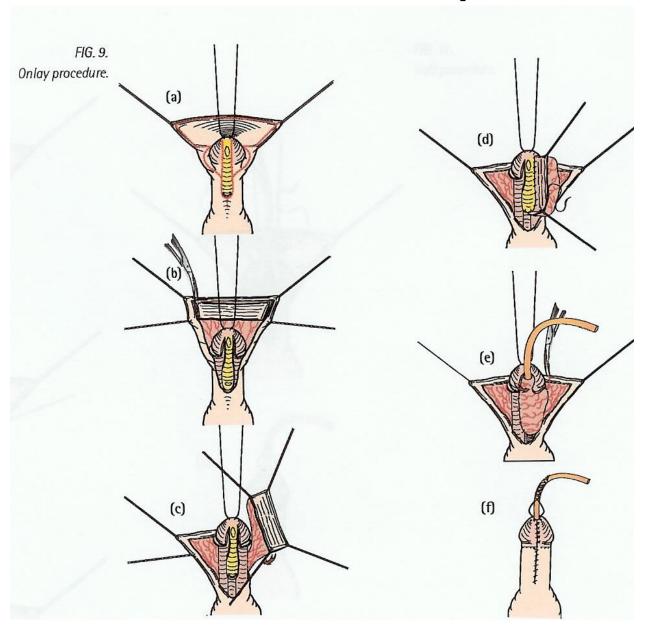




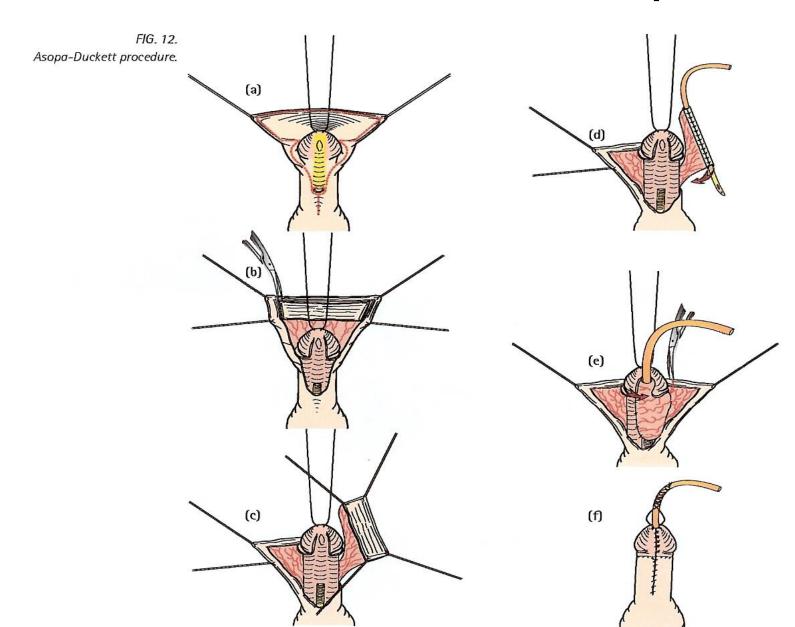
## Mathieu Flip Flap



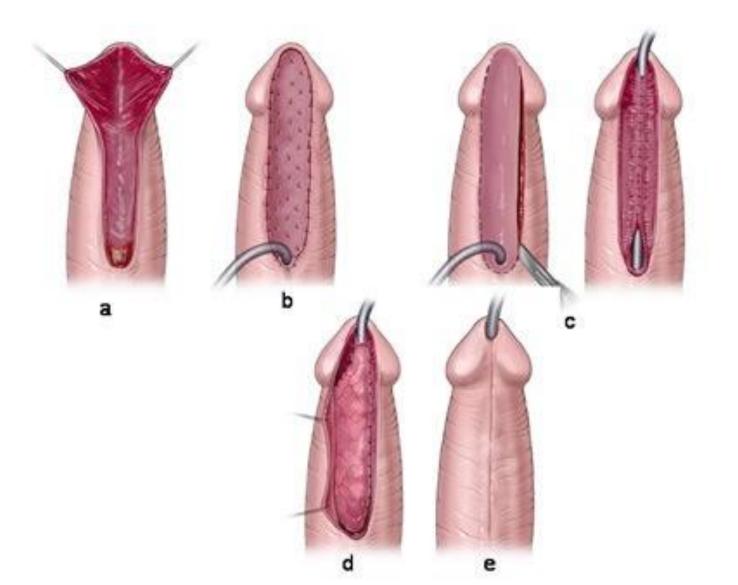
## Island Flap



## **Tubularised flap**



#### Bracka 2 stage

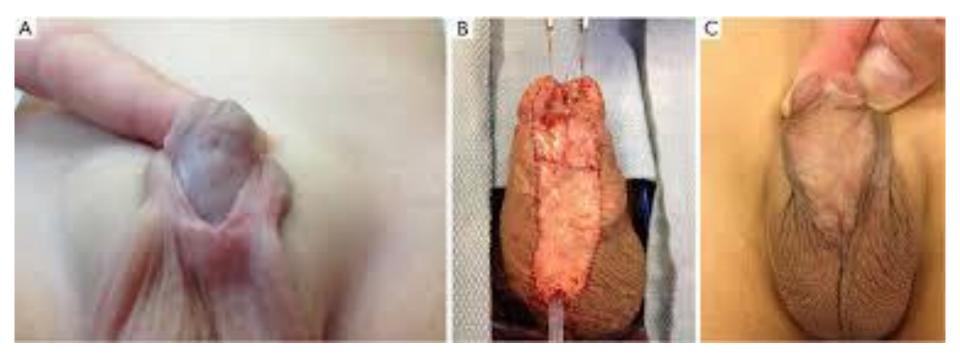


#### Penoscrotal







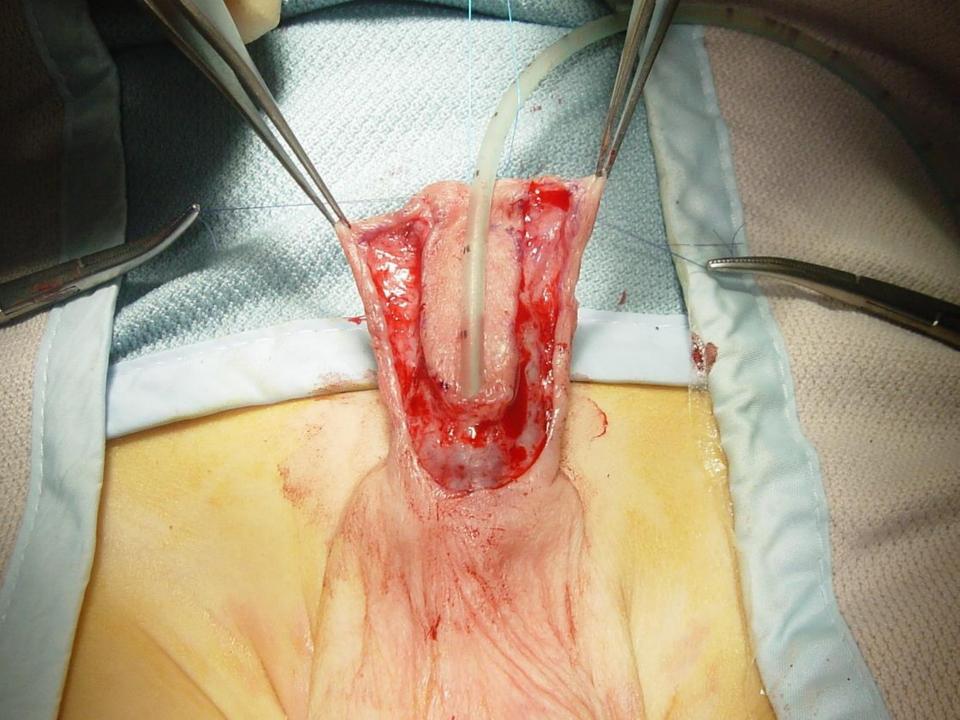




















## Complications

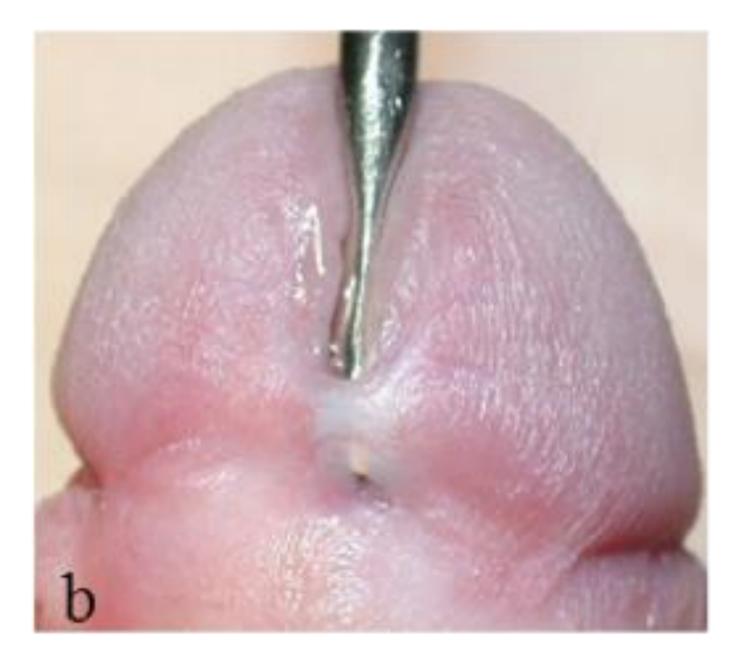
- Repair breakdown
- Urethrocutaneous fistula 10-15%
- Residual chordee
- Meatal stenosis...... } 20%
- Splayed glans flaps

## Complications

- Urethral diverticulum
- Penile torsion
- Hairy urethra
- Poor cosmesis
- Hypospadias 'cripples'
- Prostatic Utricle, Infections

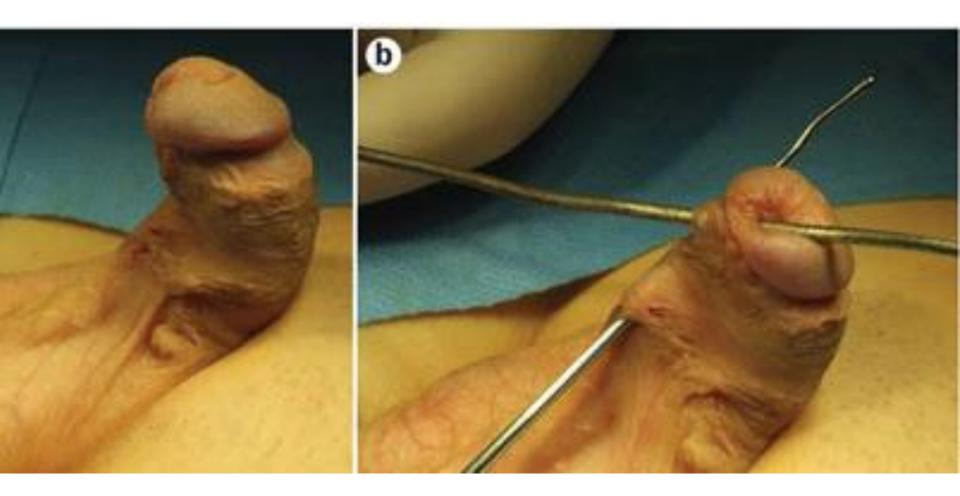
- Complication rates higher for proximal cf distal
- Good data showing high volume centres have better results and lower complication rates
- Surgeons doing larger numbers have lower complication rates



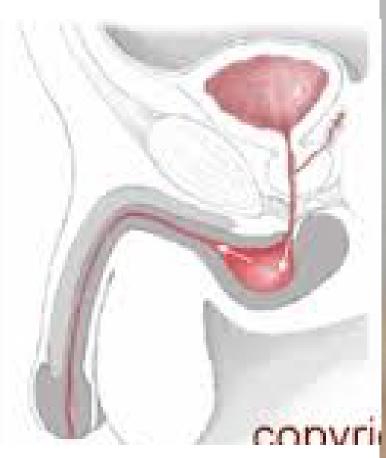


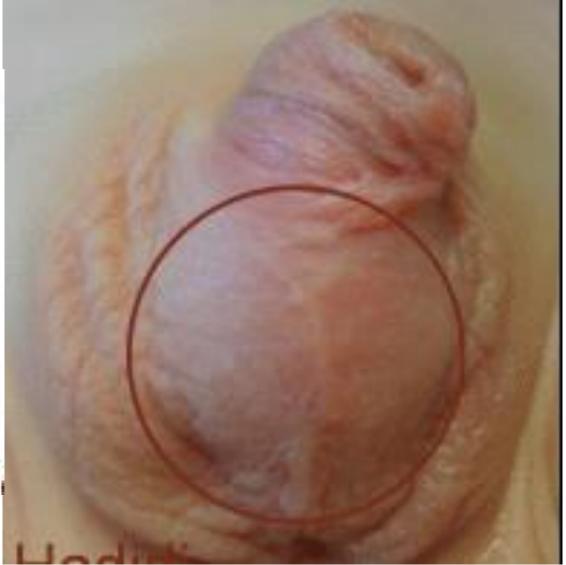














# Follow-Up

- Long-term follow up important
- Education and awareness about issues to look out for
- Late fistulas and late strictures
- Urinary stream changes, difficulty voiding
- Second stream or drip
- Review at adolescence

